



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 3:09 pm, Jun 10, 2016

REPORT #1

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 104293 PRINTER SN 09B, 3590, 034 DATE OF INSPECTION 6/10/16

LOCATION OF INSTRUMENT (STREET AND CITY) 2010 N Holmes, Gladstone TIME OF INSPECTION 1410

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

☐ SIMULATOR SOLUTION

☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER Intoximeter 5 LOT AG 421804 EXP. DATE 8/06/16

☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIMULATOR SN SIMULATOR EXP DATE

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☐ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☒ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 .082 TEST 2 .082 TEST 3 .081

☒ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS (0-.04) 0 (.05-.09) 0 (.10-.14) 0 (.15-.19) 0 (OVER .19) 0

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactory and within established limits (use other side if necessary).

INSPECTING OFFICER

SIGNATURE [Signature] PRINT NAME Josh Bailey

TEST 1 PERMIT NUMBER/EXPIRATION DATE 240 385 11/13/2016 TELEPHONE NUMBER 816 436 3550

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901



Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo 63103
Ph (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

Customer Name
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 6-Aug-2014

Lot # AG421804

<u>Exp. Date</u> 6-Aug-2016	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.080 ± 0.002 BrAC (218 ppm) Balance
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Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2014.08.06 17:38:54 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Analyst:


Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS 10 Serial no: 104293
Version no: 532B

TEST RECORD 00541

Temp Date Time ^{s/} 210L

Air Blank:
06/10/16 14:12 .000
Calibration Check:
24 06/10/16 14:12 .082

Subject Name

Bailey

Subject I.D.

Maintenance

Operator Name, I.D.

Location

Gladstone

AS 10 Serial no: 104293
Version no: 532B

TEST RECORD 00542

Temp Date Time ^{s/} 210L

Air Blank:
06/10/16 14:15 .000
Calibration Check:
24 06/10/16 14:15 .082

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS 10 Serial no: 104293
Version no: 532B

TEST RECORD 00543

Temp Date Time ^{s/} 210L

Air Blank:
06/10/16 14:17 .000
Calibration Check:
25 06/10/16 14:17 .001

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS 10 Serial no: 104293
Version no: 532B

TEST RECORD 00544

Temp Date Time ^{s/} 210L

VOID: RPI
12 06/10/16 14:18

Subject Name

Subject I.D.

Operator Name, I.D.

Location



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT
TYPE II

JOSHUA N BAILEY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 11/13/2014

NUMBER 240385

EXPIRES 11/13/2016

MO 550-0771 (5-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director


DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6 10)

 STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri



Operator BAILEY, JOSHUA
Permit No 240385
Date Issued 11/13/2014 Date Expires 11/13/2016